132

[ ] Operators $5.00
[ ] Com. Operators $4.50
[ ] Chauffeur $6.00

APPLICATION FOR TEXAS DRIVER'S LICENSE

Print or Type (MR. MRS. MISS)

Full Name	(First Name)	(Middle Name if Single, Maiden Name if Married)	(Last Name)
	LEE	HARVEY	OSWALD

ADDRESS Number and Street	BIRTHDATE Mo.	Day	Year	AGE LAST BIRTHDAY	OCCUPATION
2515 West 5 th ST.	OCT.	18	1939	24	PHOTOGRAPER
City or Post Office	SEX	COLOR OF EYES		WEIGHT	Employer
IRVING TEXAS	M	GREY		140 lbs.	Employer's Address
THIS SPACE FOR DEPARTMENT USE	RACE	COLOR OF HAIR		HEIGHT	FOR DEPARTMENT USE
	C	BROWN		5 ft 9 in.	

READ THIS FIRST

1. All information on this form except the signature must be typewritten or PRINTED in INK.
2. GIVE FULL NAME. If you do not have a middle name, print the word "NONE" between the first and last names. If you have an initial only, print the word "ONLY" after the initial. W. (only) J. (only) SMITH. Married women must use GIVEN NAME, MAIDEN NAME, and MARRIED NAME. MRS. MARY JONES SMITH
3. Give PERMANENT RESIDENCE ADDRESS

THESE QUESTIONS MUST BE ANSWERED by placing an X in the square under the word YES or NO. If an answer is YES, details must be given in the space provided in the question.

	NO	YES	
1.		[ ]	Have you ever held a TEXAS license? When last? ____ Number of license ____
2.		[ ]	Have you ever been examined for a Texas license? When last? ____ Did you pass? ____
3.		[ ]	Have you ever held a license in any other State? Where? ____ When last? ____
4.	X	[ ]	Have you ever been denied a license? Why? ____ Where? ____ When? ____
5.	X	[ ]	Has your license or driving privilege ever been suspended, revoked, or cancelled? When? ____ Why? ____ Where? ____
6.	X	[ ]	Have you ever been convicted of: Driving while intoxicated, Failure to stop and render aid, Aggravated assault with a motor vehicle, Negligent homicide with a motor vehicle, or Murder with a motor vehicle? Number of convictions ____ When? ____ Where? ____
7.	X	[ ]	Have you ever been convicted of any other moving traffic violation? How many times? ____ When? ____ Where? ____
8.	X	[ ]	Have you ever been involved as a driver in a motor vehicle accident? How many times? ____ When? ____ Where? ____
9.	X	[ ]	Have you ever been subject to losses of consciousness or muscular control? Are you now cured? ____
10.	X	[ ]	Have you ever been addicted to the use of intoxicating liquor or narcotic drugs? Are you now cured? ____
11.	X	[ ]	Do you have any physical or mental defects? What are they? ____
12.	X	[ ]	Have you ever been a patient in a hospital for mental illness? ____ When? ____ Where? ____ Were you committed by a court for an indefinite stay? ____ Was a guardian appointed? ____
13.	[ ]	X	In return for the privilege to drive, do you agree to drive safely and obey Traffic Laws?

I DO SOLEMNLY SWEAR THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Usual Signature of Applicant

TO BE USED ONLY IF APPLICANT IS UNDER 18 YEARS OF AGE

I do solemnly swear that the above named applicant is my ____ and that ____ was born the ____ day of ____, 19____. I further swear that the above statements are true and this is my authorization to the Department of Public Safety to grant my ____ a ____ License.

Signature of Parent or Guardian — Driver's License Number

Sworn to and subscribed before me this ____ day of ____, 19____.

Notary Public or Authorized Officer

21246-1961 500m

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